2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # S14368** 1. Entity Name 04-26-2007 90223 002 ***150 00 FIRST ROMAN REFERRAL CORP. INC. Principal Place of Business Mailing Address 13155 SW 42 ST 13155 SW 42 ST 20002400 STE 200 STE 200 MIAMI, FL 33175 MIAMI, FL 33175 03012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0238171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Remirred 6. Name and Address of Current Registered Agent ROMAN, EDUARDO SAN DO NOT WRITE 13155 SW 42 ST **STE 200** IN THIS SPACE MIAMI, FL 33175 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if englicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MDF ROMAN, EDUARDO SAN NAME STREET ADDRESS 13155 SW 42 ST CITY-ST-ZIP MIAMI, FL 33175 TITLE MALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CETY-ST-ZIP MLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

INTED NAME OF SIGNING-OFFICER OR DIRECTOR

FILED

Daytime Phone #